## BUILDING PERMIT APPLICATION JASPER COUNTY Applicant to complete numbered spaces only. JOB ADDRESS LOT NO. BLK TRACT 1 DESCR. ZIP PHONE OWNER MAIL ADDRESS 2 CONTRACTOR MAIL ADDRESS PHONE LICENSE NO. 3 ARCHITECT OR DESIGNER MAIL ADDRESS PHONE LICENSE NO. ENGINEER MAIL ADDRESS PHONE LICENSE NO. 5 MAP NO. PROPERTY OWNED BY USE OF BUILDING ☐ MOVE ☐ REMOVE □ ADDITION ☐ ALTERATION REPAIR Class of work: ☐ NEW 9 Describe work: 10 Change of use from Change of use to 11 Valuation of work: \$ PERMIT FEE PLAN CHECK FEE SPECIAL CONDITIONS: Type of Occupancy Division Const. Group Size of Bidg. No. of Max. (Total) Sq. Ft. Stories Occ. Load Fire Use Fire Sprinklers APPLICATION ACCEPTED BY: PLANS CHECKED 8Y APPROVED FOR ISSUANCE BY Required Tyes TNo Zone Zone OFFSTREET PARKING SPACES: No. of Dwelling Units Covered Uncovered No. Baths Type of Heat NOTICE THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER No. Bedrooms Estimated Date of Completion WORK IS COMMENCED. HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. No. Fireplaces Special Approvals Required Received Not Required ZONING HEALTH DEPT. FIRE DEPT. SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE) SOIL REPORT OTHER (Specify) SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)